

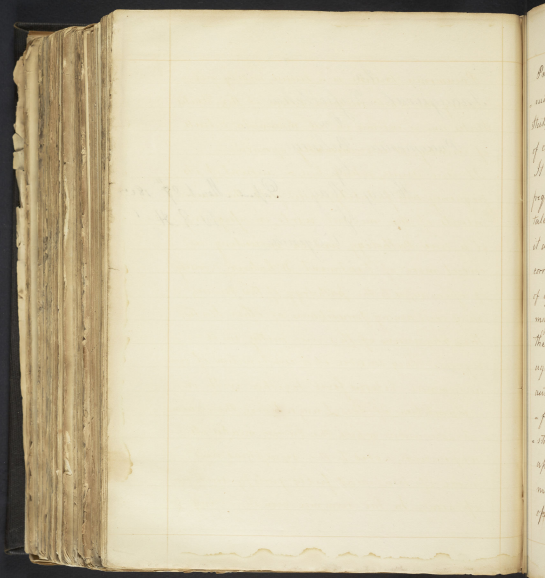
No 134 Dew. 4<sup>th</sup>An N. E. 8<sup>th</sup> & WalnutInaugural Dissertation  
On

Pneumonia Biliosa

by

Henry May      Pap. d. March 28<sup>th</sup> 1827  
of      W. & H.  
Virginia

Per



Pneumonia Biliosa is a disease, widely per-  
-vailing the whole southern section of the United  
States, and is endemic in all miasmatic districts  
of country; it is occasionally sporadic. —

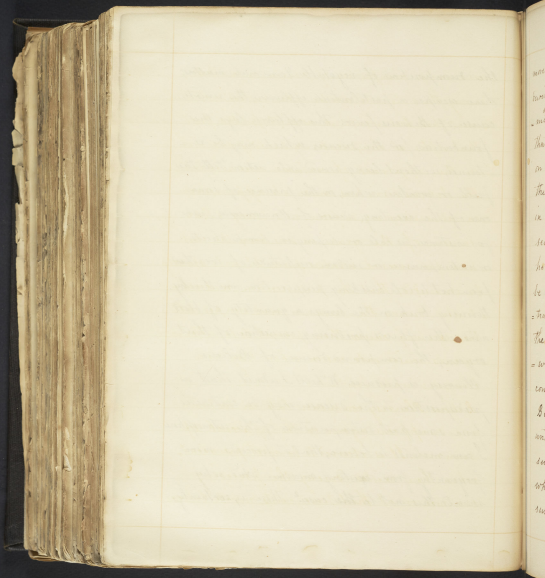
It is a disease, which has, on account of its  
frequency and fatality, called forth the united  
talents of the medical world, in assigning  
it a true pathology and in indicating a  
correct mode of treatment. It has evoked diversity  
of opinion, as to the pathology of this disease,  
may exist among practitioners of other States,  
the physicians of this are pretty well  
agreed. They consider it a combination of our  
autumnal bilious fever together with in-  
-flammation of the Lungs. Indeed, the circum-  
-stances, under which the disease makes its  
appearance, added to the symptoms and  
mode of treatment fully justify such an  
opinion. In the summer months, rising

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the decomposition of vegetable & animal matters,  
there escapes a pestilential effluvia, the remote  
cause of Bilious fever. This effluvia lays the  
foundation for the disease, which may be re-  
-tained, without being roused into action till the  
fall or winter: when, on the presence of some  
one of the exciting causes of Pneumonia, such  
for instance, as cold or sleeping in damp sheets  
or intemperance or sudden vicissitudes of weather  
from hot to cold, checking perspiration and thereby  
throwing back on the lungs a quantity of blood  
and other fluids producing congestion of that  
organ, the compound disease of Bilious  
Pneumonia is produced. Whilst I admit that a  
predisposition to the disease may be contracted  
from some past intemperance of the atmosphere  
I am inclined to believe, that it proceeds more  
frequently from existing miasm. And why  
should this not be the case? There is, certainly,



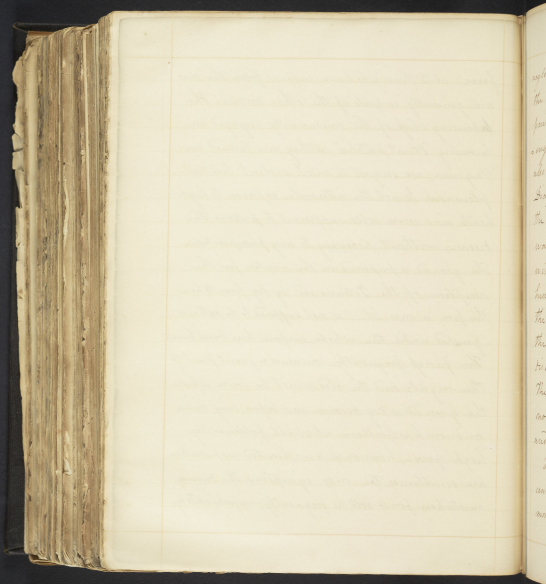
more or less decomposition of vegetable matters during the fall and winter. And did we not admit this, how would we account for the fact that after a comparatively healthy summer on the approach of autumn and winter the bilious fever has made its appearance in us menacing a form as at any other season of the year: as has been the case here for several winters past. It will scarcely be contended, that the predisposition was contracted during the summer and escaped all the exciting causes then present, to be afterwards roused into action when they are comparatively few —

Bilious Pleurisy commences late in autumn and disappears again on the approach of summer. It is observed to be most prevalent, when there existed during the preceding summer or at that time exists much bilious

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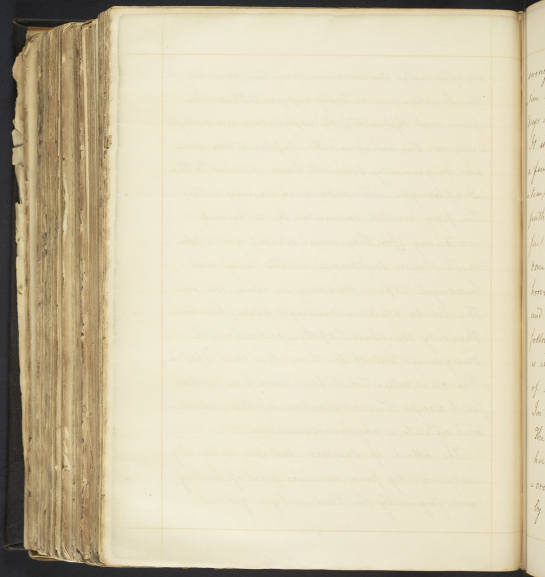
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fever. And those who have suffered from the one are generally subjects of the other disease. The labouring class of the community engaged in burning "Plant patches" as they are termed in Virginia, are subject to most violent bilious pleuritis. Is not the alternate exposure to high heats and severe colds sufficient to produce the disease, without recurring to any predisposition. The ground is prepared, in the winter, for the reception of the Tobacco seed by log fires. When the fire is once lit, it is not suffered to be extinguished until the whole surface has been burnt. This process frequently consumes a great part of the night; and the seed must be sown while the ground is dry & warm and before any rain or snow has fallen. A chill followed by high fever, hoarseness & accelerated respiration are sometimes the only symptoms. The disease, mistaken for a cold, is frequently, unfortunately,



neglect, until the secretions from the branches of the Trachea are entirely suppressed. Then the pain and difficulty of respiration are increasing in the extreme. The inflammation will also be generally found to have extended to the Diaphragm and abdominal viscera. But the poor wretch, exhausted by continual watching (for they never sleep) goes off with "tussis hiccus", swelled belly and hiccough. A pain swelling in some one of the limbs, which changes its place, has been the only complaint of the patient, until disorganization of the lungs has been effected. The characteristics of fever even here will not escape the observation of the accurate and attentive physician. —

The attack of Pneumonia Biliosa is usually announced by pain in some part of the body, more frequently the head or by a general

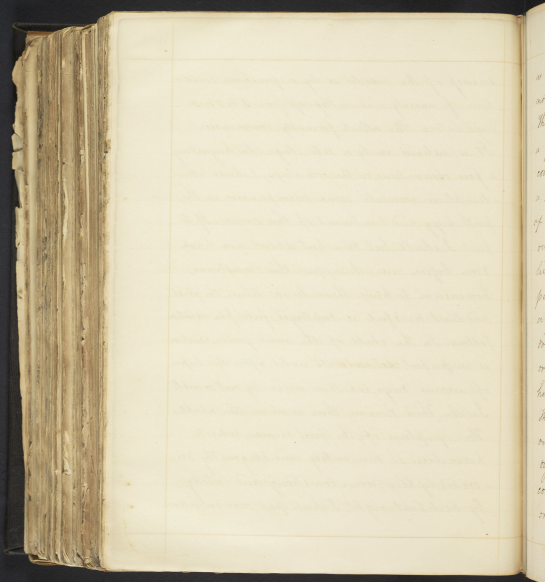




soreness of the muscles or by a peculiar sensation of anxiety and restlessness from 2 to 2 or 3 days before the attack formally commences.

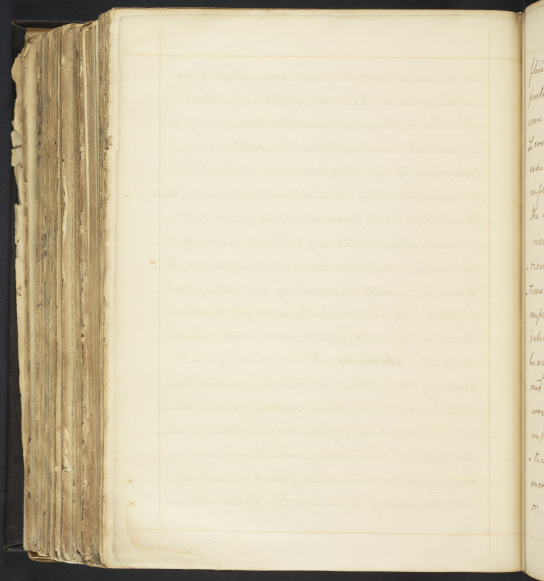
It is ushered in by a cold stage. In hazarding a few observations on the cold stage, I shall attempt to reconcile some discrepancies in the pathology and treatment of this disease. If I fail I shall but do what other men have done before me. I suppose this "monstrum horrendum" to have three heats. When the first and least dreadful is displayed, full, free reaction follows. In the chill of the second grade, reaction is imperfect, not complete until after the lapse of several days, whether aided by art or not. In the third division there is no reaction at all.

The symptoms of the first division, which have been so accurately and elegantly described by Bleyhorn, Armstrong and lately by Doct. Cartwright, I shall pass over in silence.



as a student of Medicine can expect to do  
nothing more than merely to copy them.

The second division approaches more nearly to  
a general reaction than the latter and  
consequently is dangerous. The patient has  
a sensation both of heat and coldness, complains  
of a deep seated pain generally in the left  
occasionally in the right <sup>side</sup>, with inability to  
lie with composure on the side affected. The  
pain is greatly increased by an attempt at  
a full inspiration or by a cough. It extends  
down to the back and to one or both shoulders  
or to the clavicles. The cough is dry and  
hacking or a thin mucus is expectorated.  
There is an irregular motion of the chest  
on attempting a full inspiration. The skin  
dry and hot, the pulse small and easily  
compressed or tense and quick; nausea,  
or vomiting a slightly yellow-tinged



fluid: urinary secretion scanty. If this  
partial reaction be not speedily removed,  
some other vital organ, as the Brain, Stomach,  
Liver or Bowels will take on inflammation,  
exhibiting the characteristic symptoms of  
inflammation of those organs. —

The last division is an aggravation of the  
second in all the dangerous symptoms, in-  
dicating most violent and obstinate conges-  
tions. The patient here is insensible to all  
impressions of pain and coldness; comatose or  
delirious, with <sup>stuffed</sup> ~~passive~~ countenance, dull and  
heavy eye; with violent action in the carotid  
and temporal arteries, whilst the pulse at the  
wrist is small & quick. Respiration, slow and  
impeded, with a hoarse rattling cough; expec-  
toration, if any, bloody. The tongue is  
encrusted over with a dry black substance  
or smooth and polished. The skin, cold



and shrivelled except about the head and chest where it is hot and dry or covered over with a cold clammy sweat. All sensations are suppressed or greatly diminished: the bowels particularly subject to a watery and debilitating catarrhis. In this, as in the second division, the inflammation, unless the congestions be speedily removed, extends itself to other organs. When this is accomplished a considerable change in the pathological condition of the system is produced. Reaction becomes more general and the lost sensibility of the system is restored; as is exemplified by the patient's now complaining of pain & tenderness. The disease generally runs its course in from 5 to 15 days after the attack. A remission of the symptoms in the morning is favourable. A remission, however, of some of the most dangerous symptoms usually

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precede death. The critical evacuations are copious expectoration, dark, bilious evacuations from the bowels, increased secretion of urine with a general glow and moisture of the whole surface. —

#### Treatment.

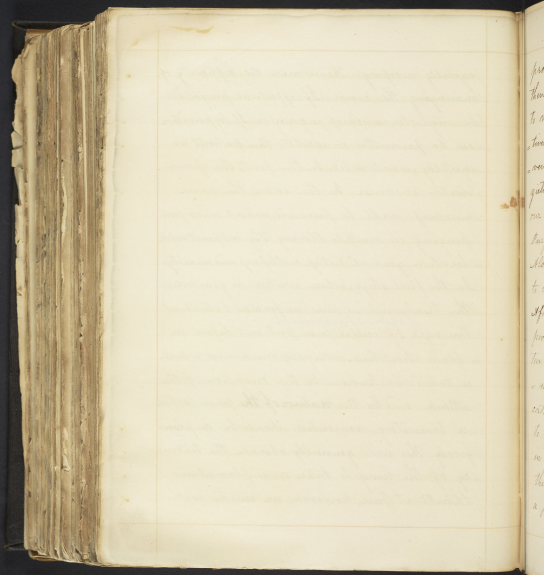
The general plan of treatment is a combination of that for bilious fever and for simple Pneumonia.

In all febrile diseases, it is essentially necessary to maintain the free action of the different secretory organs and discharge their products. Inasmuch, that when this is effected the patient may be said to be "doing well." In bilious diseases, the secretion and evacuation of bile is most important. In pulmonary fever, the remark applies most forcibly, to cutaneous and bronchial secretion and expectoration.

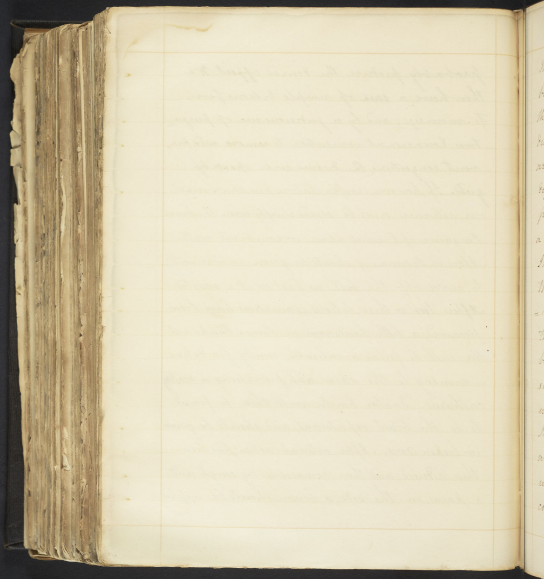
In the combination before us, they are all

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equally necessary. Hence arises the difficulty of  
managing the viscus. If effectual purgation  
be neglected, mischief is going on. If hyperther-  
mia be permitted or excited, the patient is  
equally maltricted. In the first, the fever  
will increase. In the second, the same  
mischief will be perceived, which arises from  
purging in simple Pleurisy, viz support <sup>of</sup> cap-  
-toration, general distress, restlessness and anxiety.  
In the first stage, where reaction is genuine,  
the treatment requires no formal detail at  
this age. <sup>of moderate improvement</sup> If called to a patient before in-  
-flammation has actually commenced, which  
is only to be known by the duration of the  
attack and by the nature of the pain, which  
is transitory, venesection should be employed  
freely. This will generally obviate the tenden-  
-cy of the lungs to take on inflammation.  
Should it fail, however, an emetic will



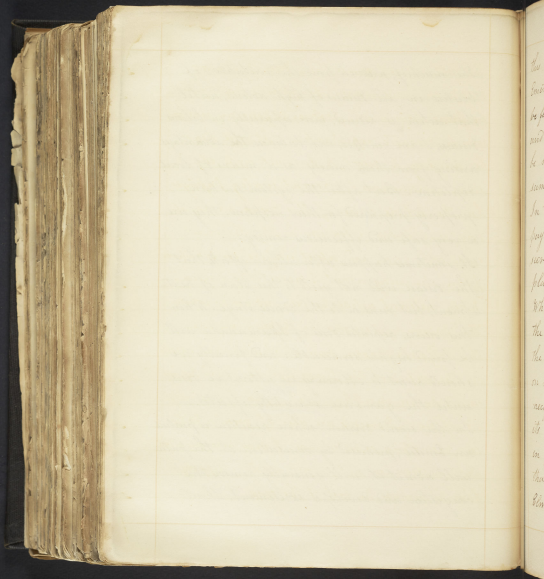
probably produce the desired effect. We  
then have a case of simple bilious fever  
to manage; and by a judicious use of purga-  
tives & occasional venesection to remove and pre-  
vent congestions, the disease will speedily  
quit. If however, inflammation has commenced,  
our reliance must be placed chiefly upon the laxative  
Purgatives of Calomel alone or combined with  
Aloes or Scammony should be given sufficiently  
to carry off the bile as fast as it is secreted.  
After two or three bilious evacuations have been  
procured, a little Laudanum in Seneca Snake root-  
tea will be found a valuable remedy for deter-  
mining to the stool and preventing a watery  
catharsis. Tartar Emetic will then be found  
to be the best expectorant, and should be given  
in broken doses. After arterial action has been  
thus reduced, and there remain a dry cough and  
a pain in the side, a blister should be applied



The mischief, produced from the irritation of blisters in all diseases of high action, until that action is reduced, more especially in bilious diseases, I am convinced, over balances the advantages arising from them merely as a means of local depletion. But after the system has been properly prepared for their reception, they are a very safe and efficacious remedy.

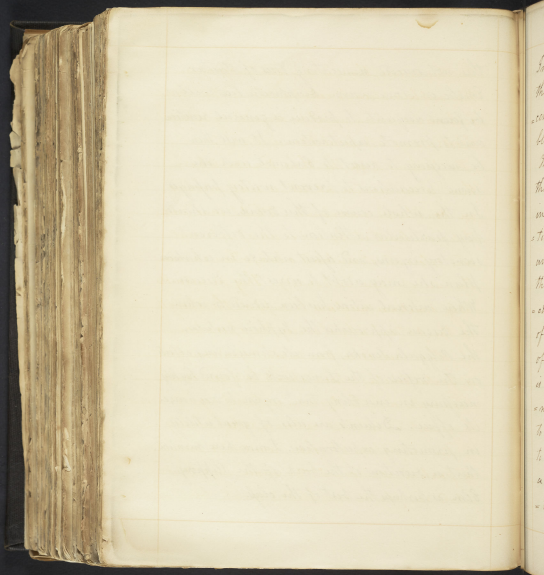
It sometimes happens after all our efforts, that the disease will not yield to this plan of treatment, but runs on to the <sup>chronic</sup> stage. When this occurs, repeated doses of Spuecumma will be found highly serviceable: and finally we should resort to Mercury in alterative doses, until the gums are <sup>slightly</sup> affected.

In the second division, where reaction is partial an Emetic, preceded by venesuction if the pulse will admit it, will generally remove the congestion and develop excrement. Should



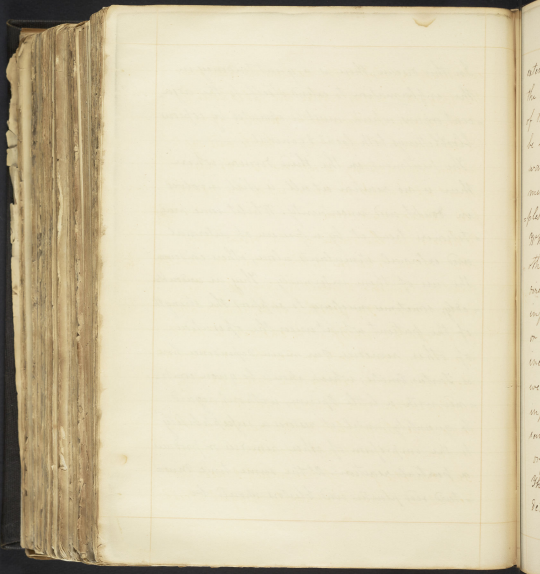


this not succeed, nauseating doses of Tartar  
Emetic in some warm Diaphoretic tea will  
be found adequate to produce a general reaction  
and to promote expectoration. It will then  
be necessary to resort to Calomel, with the  
same precautions to prevent watery purgation.  
In the whole course of this disease, we should  
pay particular attention to the different  
secretory organs, and assist nature in whatever  
plan she may adopt to arrest the disease.  
When arterial action has been reduced, or when  
the disease approaches the Typhoid nature,  
the Polygala Seneca, from its stimulating effects  
on the vessels of the Lungs, will be found highly  
necessary in enabling that organ to discharge  
its office. Diluents are also of great utility  
in promoting expectoration. I may here mention  
that a decoction of the bark of the Slippery  
elm is perhaps the best of the class.



In this disease, there is a great tendency in the inflammation to extend itself to the adjacent organs, which must be obviated by copious bloodlettings, both local & general. —

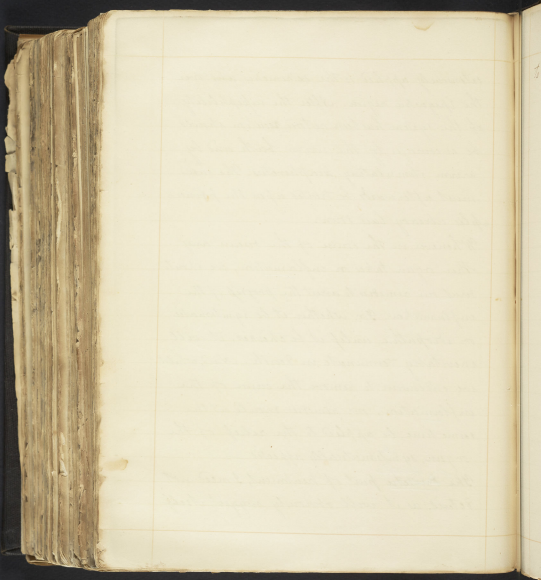
The treatment, in the third division, where there is no reaction at all, is still involved in doubt and uncertainty. Whilst some practitioners treat it by a free use of internal and external stimulants alone, others condemn the use of them internally. They are undoubtedly, sometimes necessary to support the strength of the patient whilst under the operation of other remedies. Our main dependence here is Tartar Emetic; which should be given combined with a little Opium, without regard to quantity, until it restores a susceptibility to the impression of other remedies or produces a partial reaction. At the same time Mustard seed plaster and blisters should be



extensively applied to the extremities and over the Epigastria region. After the susceptibility of the system has been roused, reaction should be encouraged by the warm bath and by warm stimulating Diaphoretics. The case must afterwards be treated upon the principles already laid down.

Whenever in the course of the disease any other organ takes on inflammation, we should direct our remedies to arrest the progress of the inflammation. For whether it be symptomatic or idiopathic, unless it be checked, it will inevitably terminate in death. And, whilst we endeavour to remove the cause of the inflammation, our remedies should, at the same time, be applied to the relief of the organ, <sup>symptomatically</sup> affected. —

The <sup>diagnostic</sup> ~~diagnostic~~ part of treatment, I need not detail, as it will obviously suggest itself



to the discriminating practitioner. —

